

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL104016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/12/2013
NAME OF PROVIDER OR SUPPLIER RIVER POINT BEHAVIORAL HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 6300 BEACH BLVD JACKSONVILLE, FL 32216		JAN 03 2014	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 000	INITIAL COMMENTS CCR#2013011262 An unannounced complaint survey, CCR# 2013011262, was conducted at River Point Behavioral Health, 6300 Beach Blvd., Jacksonville, Florida 32216 on November 12, 2013. River Point Behavioral Health is not in compliance with FAC 69A-3, State Licensure Requirements for Hospitals.	H 000			
H 087	59A-3.2085(2)(f), FAC PHARMACY - Preparing & Dispensing (f) All medications shall be prepared and dispensed consistent with applicable law and rules governing professional licensure and pharmacy operation and in accordance with professional standards of pharmacy practice. This Statute or Rule is not met as evidenced by: Based on medical record reviews and staff interviews, the facility failed to provide prescribed medications for one of three sampled patients (Patient #1). The Findings include: Record review of the Medication Administration Record revealed Patient #1 did not receive her prescribed medication, Aggrenox, a blood thinner for at least 8 doses. A physician's order written on 8/29/13 revealed, "may take own Aggrenox" which was prescribed twice a day. Documentation on the Medication Administration Record revealed no Aggrenox on 8/30/13 and 8/31/13. On 9/1/13, a notation on the medical record stated none	H 087	The CNO and Pharmacist have revised the policy "Patients Own Medications" to include the following steps: 1. When a medication is ordered that the patient did not bring in, and is not on our formulary, the pharmacist will make a copy of the order, list potential substitutions for the medication, attach the Pharmacy Communication Form, and complete a hand off with the medication nurse assigned to that patient at that time. Both the Pharmacist and the nurse will sign off on the Pharmacy Communication Form. 2. The medication nurse will then be responsible to call the physician and obtain an order for the substitute medication and document the physician's response.	12/23/13 12/23/13 12/23/13	

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

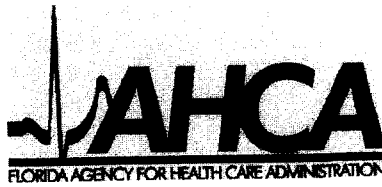
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If continuation sheet 1 of 2

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H 087	Continued From page 1 available. On 9/2/13, the medication documentation was blank. Patient #1 was discharged home on 9/3/13. There was no documentation that the physician was aware that Patient #1 was not receiving the Aggrenox. Interview with the Compliance Officer on 11/13/13 at 11:00 am, revealed patients who are prescribed routine home medications are asked to bring them in from home, if they are the same medications, and strength. The Compliance Officer also stated if the patient doesn't have the medications, or they have no way of getting the medications from home, the facility has their own pharmacy, or a contract with the local Walgreen's to obtain the medications. The medications were not obtained for Patient #1.	H 087	The CNO/Nursing Management Designee will review 100% of incidents in which a patient's own medication(s) are not immediately available for a period of 90 days to ensure the new procedure is followed. Aggregated results will be presented to the hospital's Quality Council. Nurses or Pharmacist's not in compliance will receive retraining and/or disciplinary action as needed.	12/23/13	



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 13, 2013

VIA FAX & U. S. MAIL: 904/724-0464

Jeanna McIntosh, RN, Risk Manager
River Point Behavioral Health
6300 Beach Boulevard
Jacksonville, FL 32216

Re: CCR #2013011262

Dear Ms. McIntosh:

This letter reports the findings of an unannounced state licensure complaint survey that was conducted on November 12, 2013 by a representative of this office.

Attached is *State (3020) Form*, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to the Jacksonville Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. All deficiencies shall be corrected no later than January 12, 2014.

The plan of correction must include the following:

1. Identify how corrective action will be accomplished for those individuals found to have been affected by the deficient practice. Indicate the correction date on the far right-hand side (last column) of the *State Form*.
2. Describe how the facility will identify other individuals having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., patient or staff names) are included in the plan.
6. **State the completed date;** the date that the facility identifies compliance can be achieved, which must be after the exit date. You may use an **anticipated** completion date if unsure of exact correction date.



7. You must **sign** the bottom of page 1 of the statement of deficiencies; **include your title and date.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call us at (904) 798-4201.

Sincerely,

A handwritten signature in black ink that reads "Joan Lynch RNC". The signature is written in a cursive, flowing style.

Joan M. Lynch, RN, MSN
Registered Nurse Consultant
Division of Health Quality Assurance

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Enclosure(s)